Group Life Insurance Beneficiary Designation(s)

Info	rmation About You Plea	ase print all information using blank	ink. Do not erase o	r make any corre	ction, use a new form.		
Van	ne (Last, First MI)					Social Security No.	
	pany WSRC BSRI nge of Name From (Full I	BNFL O BWXT O CH2 Former Name)		Position © Exempt Monthly © Non-Exempt Weekly © Pensioner © LSE Site Location Site Phone No.			
In	ut Your Beneficiary Des	efits are paid to your Primary beneficiary	y(ies) in the percentage	es noted. If your Prir	mary Beneficiary(ies) dies	or cannot be located,	
	nefits are paid to your Secor Non-Contributory Life Ins	ndary Beneficiary(ies) in the same mann surance	er.				
	Beneficiary Class	Beneficiary Name	Percentage of Benefit	Relationship	Beneficiary Social Security No.	Mode of Settlement	
	Primary					Lump Sum	
	Secondary						
2.	2. Non-Contributory Occupational Accidental Death					_	
	Beneficiary Class	Beneficiary Name	Percentage of Benefit	Relationship	Beneficiary Social Security No.	Mode of Settlement Lump Sum	
	Primary					Lump Sum	
	Secondary						
3.	Contributory Life Insuran	ice			1	J	
	Beneficiary Class	Beneficiary Name	Percentage of Benefit	Relationship	Beneficiary Social Security No.	Mode of Settlement	
	Primary					Lump Sum	
	Secondary						
4.	Contributory Accidental [Death and Dismemberment Insurar	nce - Employee Opti	on		J	
	Beneficiary Class	Beneficiary Name	Percentage of Benefit	Relationship	Beneficiary Social Security No.	Mode of Settlement	
	Primary					Lump Sum	
	Secondary						
	u enrolled for Contributory D	ependent Life Insurance or Contributory beneficiary.	r Family Accidental Dea	ath and Dismember		1	
bene		y Employee Accidental Death and Dismoleath benefits will be paid to the benefici			ied a	or Company Use Only y Date Received	
Employee Signature (As Usually Written) Date Signed Processed						By Date Processed	